

<b>Case Number:</b>	CM13-0052207		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported an injury on 07/11/2003. The mechanism of injury was not provided. The patient was noted to be taking omeprazole and Ambien as well as Motrin and tramadol. The patient indicated that she takes Ambien 1 to 2 times a week and with Ambien, she gets 7 to 8 hours of sleep and without it, 3 to 4 hours. The patient was noted to have slight stiffness of the neck in the morning and the mid and low back were noted to have mild soreness. The patient was noted to have pain radiating down the right leg and cramping on the medial side and bottom of the foot. The patient was noted to have constant numbness in the right calf. The right shoulder was noted to have no pain, but had been popping a lot. The patient objectively was noted to have tenderness over the sciatic notch on the right. The diagnoses were noted to include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, status post open surgical repair of the rotator cuff and biceps tendon on the right shoulder, left S1 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, severe cord compression, lumbar spine facet hypertrophy. The request was made for omeprazole to prevent stomach irritation, zolpidem 10 mg to treat insomnia not to be used every night, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One Prescripion Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addictions. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

**Decision rationale:** California MTUS Guidelines indicate that urine drug screens are appropriate for patients with documented issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the patient had issues of poor pain control, drug abuse, or addiction. There was a lack of documentation indicating the necessity for the requested service. Given the above, the request for 1 prescription drug screening between 10/15/2013 and 12/31/2013 is not medically necessary.

**Omeprazole 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addictions. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia. Additionally, it failed to provide the efficacy of the requested medication. There was documentation indicating the patient was to use the medication in conjunction with the anti-inflammatory medication to prevent stomach irritation as the patient was noted to be taking ibuprofen. However, there was a lack of documentation indicating a necessity for 60 omeprazole. Given the above, the request for 60 omeprazole 20mg between 10/15/2013 and 12/31/2013 is not medically necessary.

**Zolpidem 10 MG # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem

**Decision rationale:** Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated the patient was taking Ambien on an as needed basis 1 to 2 times a week and that she got 7 to 8 hours of sleep with it and 3 to 4 hours without the medication. There was a lack of documentation supporting a necessity for long term treatment as the patient was taking the

medication twice a week. There was a lack of documentation indicating the patient had trialed non-pharmacologic treatments. Additionally, there was a lack of documentation indicating the necessity for 30 tablets. Given the above, the request for 30 Zolpidem 10mg between 10/15/2013 and 12/31/2013 is not medically necessary.